

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006662

FILED
Mar 06, 2009
Secretary of State

Entity Name: EAGLE HOSPITAL PHYSICIANS OF FLORIDA, LLC

Current Principal Place of Business:

5901 C PEACHTREE DUNWOODY RD STE 350
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

5901 C PEACHTREE DUNWOODY RD STE 350
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 81-0646245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YOUNG, ROBERT W MD
Address: 5901 C PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328 US

Title: MGRM () Delete
Name: ABBOTT, BETTY
Address: 5901 C PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBIN A NICHOLS, CPA

CFO

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date